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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	61135/P019US/10303184
		First Inventor	Craig Ogg
		Title	SYSTEM AND METHOD FOR HIGH-SPEED POSTAGE APPLICATION MANAGEMENT
		Express Mail Label No.	EV256035607US

22154 U.S. PTO
10/6/77619

100203

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<small>(Submit an original, and a duplicate for fee processing)</small> | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status.
<small>See 37 CFR 1.27.</small> | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
<small>(if applicable, all necessary)</small> |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages] 15 | a. <input type="checkbox"/> Computer Readable Form (CRF) |
| (preferred arrangement set forth below) | |
| - Descriptive title of the invention | |
| - Cross Reference to Related Applications | |
| - Statement Regarding Fed sponsored R & D | |
| - Reference to sequence listing, a table, or a computer program listing appendix | |
| - Background of the Invention | |
| - Brief Summary of the Invention | |
| - Brief Description of the Drawings (<i>if filed</i>) | |
| - Detailed Description | |
| - Claim(s) | |
| - Abstract of the Disclosure | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] 3 | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper |
| 5. Oath or Declaration [Total Sheets] 2 | c. <input type="checkbox"/> Statements verifying identity of above copies |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy) | |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
<small>(for continuation/divisional with Box 18 completed)</small> | |
| i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
<small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> | |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS
 Customer Number: 000029053 OR Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Michael J. Fogarty, III	Registration No. (Attorney/Agent)	42,541
Signature			Date October 2, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV256035607US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 2, 2003

Signature: (Donna Frazier)

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT	
(\$) 434.00	

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Craig Ogg
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	61135/P019US/10303184

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	Other	<input type="checkbox"/>	None
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Deposit Account:

Deposit Account Number	06-2380
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Deposit Account Name	Fulbright & Jaworski L.L.P.
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The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
- Charge any additional fee(s) during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1) (\$)		385.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	21	1	x 9.00	= 9.00
Multiple Dependent	3	3** =	x 0.00	= 0.00

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code (\$)	
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
SUBTOTAL (2) (\$)		9.00	

**or number previously paid, if greater; For Reissues, see above

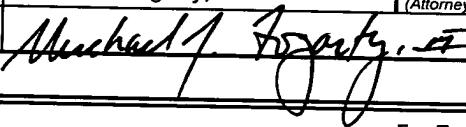
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

40.00

SUBMITTED BY

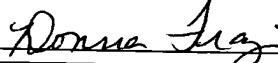
(Complete if applicable)

Name (Print/Type)	Michael J. Fogarty, III	Registration No. (Attorney/Agent)	42,541	Telephone	(214) 855-8172	
Signature					Date	October 2, 2003

Fee Transmittal

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